

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586446

FILING DATE

19 MAR 2009

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		0		/		/
4		0		/		/
5		0		/		/
6		0		/		/
7		0		/		/
8		0		/		/
9		0		/		/
10		0		/		/
11	/		/		/	
12		/		/		/
13		2		/		/
14		0		/		/
15		0		/		/
16	/		/		/	
17		0		/		/
18		0		/		/
19		0		/		/
20		0		/		/
21		0		/		/
22		0		/		/
23		0		/		/
24		0		/		/
25	/		/		/	
26	/		/		/	
27		2		/		/
28		2		/		/
29		0		/		/
30	/		/		/	
31		/	/		/	
32		/	/		/	
33		0	/		/	
34		0	/		/	
35			/		/	
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49						
50						
TOTAL IND.	6	↓	7	↓	7	↓
TOTAL DEP.	31	←	32	←	32	←
TOTAL CLAIMS	37		39		39	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						